

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF HEALTH FACILITY LICENSURE AND CERTIFICATION
408 Leon Sullivan Way Charleston, WV 25301

NURSING HOME LICENSE FACILITY INFORMATION CHANGES APPLICATION

INSTRUCTIONS

Please complete this application in full. **Use typewriter or print legibly with ink.**

Application for a nursing home license may be made by individual owner or administrative officer. An application on behalf of a corporation or governmental unit shall be made by any two officers thereof or by its managing agents on who rests responsibility for maintaining approved standards for the facility.

The application shall be verified before an officer of the State authorized to administer oaths, by the person, or a member of the firm or association or an officer of the corporation making this application.

A licensure fee of **\$50.00** must be submitted with this application. Check or money order should be made payable to the Division of Health – OHFLAC. Cash cannot be accepted.

Licensure fee and application form should be mailed to: Office of Health Facility Licensure and Certification, Capitol and Washington Streets, 1 Davis Square, Suite 101, Charleston, WV 25301-1799.

1. FACILITY IDENTIFICATION

Exact Legal Name: _____

d/b/a: (if applicable) _____

Physical Address: (Street, Route, etc.) _____

FEIN (Federal Employer Identification Number): _____

2. TYPE OF OWNERSHIP (Check only one)

Proprietary: ___ Individual ___ Partnership ___ Corporation ___ Limited Liability Company

Non-Profit: ___ Church-Related ___ Non-Profit Corporation ___ Other

Government: ___ State ___ City ___ County ___ City/County ___ Other

3. CHANGE IN OWNERSHIP: Include a statement of any changes in the name, address, management or ownership information since your last application for an original or renewal license. Please attach any supporting documents for the changes being made.

4. **ADMINISTRATOR**

Name: _____

WV Administrator's License Number: _____ Expiration Date: _____



5. **BUILDING**

Total current legal bed capacity: _____ Total requested legal bed capacity: _____



6. **APPLICANT** (Legal entity to which the license is to be issued):

Name of Entity: _____ Date: _____

Address: _____

Signature: _____

Title or Position: _____

Relationship of Applicant to Facility (Check one):

____ Lessee or assignee of the facility (must provide a signed copy of the lease and any assignment)

____ Owner



VERIFICATION

STATE OF WEST VIRGINIA

COUNTY OF _____

_____, being by me duly sworn on his/her oath, deposes and says that he/she has read the foregoing application and knows the content thereof, that the statements concerning the above named facility therein contained are correct and true of his/her knowledge.

SIGNED: _____

(Applicant)

Subscribed and sworn to before me this _____ day of _____, 20 _____

SIGNED: _____

(Notary Public)

My commission expires _____, 20 _____